## VOLUNTEER APPLICATION DOMESTIC ABUSE/SEXUAL ASSAULT SERVICES

Domestic Abuse/Sexual Assault Services' mission is to provide free, confidential and empowering services to victims of domestic violence, dating violence, human trafficking, sexual assault and stalking while raising awareness and prevention efforts throughout our communities.

Name:						Date:	
Address:							
			(City)		(St	tate)	(Zip)
Occupation	on:				Birthdate: _		
Home Phone:			W	ork Phone	e:		
Email Ad	dress:						
Social Sec	curity #:		I	Orivers Lic	cense #:		
What is th	ne best way to	o contact you du	ring the day	time hours	s?		
Do you ha	ave any physi	cal limitations?	If yes	s, explain:			
Language	s you speak:						
Voluntee	r Availability	y: (Circle all tha	at apply)				
Number o	of Days per w	eek: 1 2 3 4 5 6	7				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
How man	y hours per m	onth could you	volunteer fo	r this orga	nization?		
Briefly ex Services.	xplain why yo	u would like to	become a vo	lunteer for	r Domestic A	buse/Sexua	al Assault
Please list	t any voluntee	er experience:					
Are you v	villing to atter	nd additional tra	aining with a	dequate no	otice?		

<sup>\*</sup>Background checks will be conducted.\*

## TYPE OF VOLUNTEER WORK PREFERRED

**Applicant's Signature** 

Volunteer wil	crisis line is transferred to volunteers each evening from 5pm – 8am. l be responsible for providing crisis support, referring client to backup staff ry and completing proper paperwork.					
	sist staff with clerical duties such as filing, making copies, assisting with					
special mailin						
±	s: Provide a safe place for a client's pet while she is in shelter.					
Fundraisers: Hel	p staff in fundraising activities.					
Community Educ	cation: Provide and/or assist with speaking engagements the agency hools, churches, groups, etc. throughout our coverage area.					
Outreach: Help	with set-up/take-down of booths and other activities at area health fairs,					
•	Family fun nights, parades, etc.					
Interpreter: Assi	st with non-English speaking clients.					
REFERENCES:	Other than family or friends; such as employers, teachers, etc.					
	Name					
	Address					
	Phone					
	Relationship					
	How long have you known them					
	Name					
	Address					
	Phone					
	Relationship					
	How long have you known them					
	Name					
	Address					
	Phone					
	Relationship					
	How long have you known them					
Please be aware that we understand that my acc criminal & driving hist	llowing information is for DASAS's records only and will remain confidential. e will check your background and reference to make the best placement for you. I eptance as a volunteer at DASAS is subject to favorable, routine inquiry of ory, adult & child abuse & neglect records. I do agree that the information I have sest of my knowledge. I understand that the provision of false information is					

Date